

FEC FORM 2
STATEMENT OF CANDIDACY

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| | | |
|--|---|--|
| 1. (a) Name of Candidate (in full) OMBA JOEL KIPUKE | | 2. FEC Candidate Identification Number |
| (b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed P.O. BOX 2771 | | |
| (c) City, State, and ZIP Code CARMICHAEL CA 95609 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| 4. Party Affiliation Republican | 5. Office Sought U.S. House of Representative | 6. State & District of Candidate CA District 6 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| |
|---|
| (a) Name of Committee (in full) KIPUKE FOR CONGRESS |
| (b) Address (number and street) P.O. BOX 2771 CARMICHAEL CA 95609 |
| (c) City, State, and ZIP Code |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|--------------------------|
| Signature of Candidate  | Date 10/6/2016 |
|---|--------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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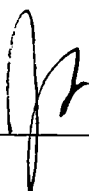
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PREPARER
(3/2015)



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